_											_		
		CLAIM	S AS	(Colum		(Colur	mn 2)	SMALL TYPE	EN		OR	OTHER SMALL	
TOTAL CLAIMS				27				RATE		FEE		RATE	FEE
OR				NUMBER FILED		NUMBER EXTRA		BASIC	EΕ	370.00	OR	Basic Fee	740.00
OTAL CHARGEABLE CLAIMS			MS	Z > minus 20=		• 7		X\$ 9			OR	X\$18=	
DEPENDENT CLAIMS				/0 minus 3 =		• 9		X42=			OR	X84=	
ULTIPLE DEPENDENT CLAIM P				RESENT				140	1			+280=	
If the difference in column 1 is				ess than z	ero, ente	"0" in column 2		+140	4		OR		
				MENDE				TOTA	- 1		OR	TOTAL	THAN
		(Colum		MENUE	(Colu	- 2	(Column 3)	SMAI	T E	NTITY	OR	OTHER SMALL	
-		CLAIN	-		HIGH	IEST IBER	PRESENT			ADDI-			ADDI-
		AFTE AMENDA	R		PREVE		EXTRA	RATI	•	TIONAL		RATE	TIONAL
	Total	• 2	7	Minus	- 2	7	z	X\$ 9		, 55	өя	X\$18=	
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1	Independent	• //		Minus	***	0	=	V42.			•	YAA-	
	FIRST PRESE	• / (OF MU					X42			OR	X84=	<u> </u>
		• / (OF MU					+140			OR		
		• / (OF MU					+140			OR	+280=	
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		(Colum	n 1)		(Colu	T CLAIM	(Column 3)	+140	a.	ADDI-	OR	+280=	
		(Colum	in 1) AS		(Colu	T CLAIM	(Column 3) PRESENT	+140	AL EE	ADDI- TIONAL	OR	+280=	ADDI TIONA
	FIRST PRESE	(Colum CLAS REMAIN AFTE AMENDS	in 1) AS HNG		(Colu	T CLAIM	(Column 3)	+140 TO ADDIT. I	AL EE		OR	+280= TOTAL ADDIT. FEE	ADDI
	FIRST PRESE	(Colum CLAS REMAIN AFTE	in 1) AS HNG	JUTIPLE DI	(Colu	T CLAIM IMP 2) HEST ABER HOUSLY	(Column 3) PRESENT EXTRA	+140 TO ADDIT. I	AL EE	TIONAL	OR	+280= TOTAL ADOIT. FEE	ADDI TIONA
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Application or Docket Number